

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH40236
STATE FILE NUMBER 5414

FILED DEC 5 - 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

S. 300

1-57 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION A HOSPITAL		d. STREET ADDRESS (If outside, give location) 1314 BALES	
3. NAME OF DECEASED (Type or print) First Middle Last SALVATORE BUCCARE		4. DATE OF DEATH Month Day Year November 15, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1888
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter - BRYANT BLDG. Retired 2 YEARS	
11. BIRTHPLACE (City and state or country) Sicily		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Buccare		13b. MOTHER'S MAIDEN NAME Lena ARMOTTO	
14. NAME OF HUSBAND OR WIFE Carrie BUCCARE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
16. SOCIAL SECURITY NO. 496 09 4038		17. INFORMANT Address VA Hospital Official Records, K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 4 years 7 4437	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 2, 1957 to November 15, 1957 Death occurred at 10:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 11/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 18, 1957	
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
24. FUNERAL DIRECTOR DAN. W. WILCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 11-16-57	
26. REGISTRAR'S SIGNATURE neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

NOV 1938

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

X

by me, or by Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

John H. Kalsbeek

11-11-38

11-11-38

Licensed Embalmer No. 4949
MA 02:01
P. O. Address, Kansas City, Mo.

11-11-38

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.